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02.003

Traveling with Kids

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Travelling with kids is a great adventure that offers opportunities for fun and to possibility to broaden ones cultural outlook. But travel is not just fun, some risks related to the travel exist and the whole family should be prepared to prevent them or to have early treatment. Preparing a trip with kids involves considering several aspects, such as age, underlying diseases and destination.

The main aspects we are going to review are: safety travel (motor vehicles, safety water and food, air travel, sun protection, motion sickness, high altitude, animal bites), immunization, prevention of arthropods borne diseases and diarrhea. Air transportation can produce boredom and ear pain. No pharmaceutical interventions have been proved to be good at preventing painful earache. Sedation is controversial but if it is required, diphenhydramine is considered a safe drug.

Children should have their immunization schedule updated at the time of the trip. Insect borne disease can be prevented by using DEET repellents. DEET concentration 30-35% is safe for use in children. It should not be applied around the eyes, mouth or on the hands and forearms of young children. Malaria chemoprophylaxis can be used in children and are licensed for infants.

Mefloquine, chloroquine and malarone are the alternatives for children under 9 years old.

Doxycicline can be used after that age. Maternal chemoprophylaxis is not enough for breastfed infants. Difficulties for children using chemoprophylaxis include bad taste, luck in pediatric preparations and toxicity risks. Diarrhea prevention includes safety in water and food consumption. Therapy should center on oral hydration. Self-treatment of travelers' diarrhea with antibiotics should be considered, but antimotility agents should be avoided. Travel offers good experiences for children and their families. Pre-travel evaluation and protective interventions can reduce the health risks of travel.

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The Elderly Traveler

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Old age has been divided into different groups: biological, physiological, emotional and functional. Advances in science and technology, as well as improvements in health services available, have played an important role in the increasing number of elderly in the world. The 20 th century 'population'. In the year 2020, life expectancy at birth is predicted to reach 70. Travel satisfies old age people needs for adventure in many ways. Most personal problems stem from rushing to meet a schedule of pleasure and joy. And during travels everything is permitted, specially food and sedentary activities, most of them due to physical and health limits. But how far can they go traveling? If they have to share their travel with prescribed medicines; diabetes; neurological problems; obesity and diets; vision and hearing loss; walking limitations *versus* jet lag; altitudes problems; airport/aircraft long stay/ pulmonary thromboembolism risks; lazy attitudes during cruises; infection disease risks and adult immunization status.

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Epicenters of major diseases (I) (Invited Presentation)

03.001

Central America and the Caribbean: Dengue and P.Vivax malaria

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In recent decades, the incidence, distribution and clinical severity of dengue have increased dramatically in most tropical and subtropical areas worldwide. As a consequence, and due to the expanding international tourism, health care providers in travel clinics of developed countries are increasingly confronted with dengue, reflecting its global impact. No specific prophylactic or therapeutic agents exist for dengue infections. All four serotypes of dengue viruses are widespread in Central America and the Caribbean basin. Dengue is most common in cities but can be found in rural areas. It is rarely found in mountainous areas above 4,000 feet. Dengue fever is the most common cause of fever in travelers returning to the USA from the Caribbean and Central America. In some case studies, dengue has been the second most common cause of hospitalization (malaria is the most common) among travelers returning from the tropics. Infection rates (based on anti-dengue serology) among febrile travelers returning from those areas may range from 2.9% to 8.0%. Similar results have been reported in travelers returning to Europe. Persons travelling to areas where dengue is endemic should avoid exposure to mosquitoes, and health care providers should consider dengue as a differential diagnosis in febrile travelers returning from the tropics after discounting malaria. Surveillance of imported dengue is crucial to monitor the risk of infection for travelers and to strengthen clinical awareness of the disease. The risk for a traveler acquiring malaria differs substantially from different areas within the region and from traveler to traveler, even within a single country. In a large series of 10,745 cases of malaria among U.S. residents reported to CDC from 1997 through 2006, 1,427 (13.3%) were acquired in the Caribbean and Centra/South America. Malaria has been reported in about 1 per 100,000 European travelers to Central America and the Caribbean. The risk of vivax